

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02995

1. Entity Name

TRANPO TRADING, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90983 040 ***150.00

Principal Place of Business

Mailing Address

2150 BREngle AVE
ORLANDO FL 32808
US

200 S ORANGE AVE
STE 2300
ORLANDO FL 32801-3455
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3102836

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A.G.C. CO.
200 S ORANGE AVE
SUITE 2300
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	OROPEZA, FRANK C.	
STREET ADDRESS	2150 BREngle AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	☐ Delete
NAME	OROPEZA, ANNE S.	
STREET ADDRESS	2150 BREngle AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	☐ Delete
NAME	CIESLAK, RICHARD J.	
STREET ADDRESS	2150 BREngle AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	☐ Delete
NAME	OROPEZA, FRANK W.	
STREET ADDRESS	2150 BREngle AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	☐ Delete
NAME	DEVERALL, ROBERT M.	
STREET ADDRESS	2150 BREngle AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)